ADULT

BASIC LIFE SUPPORT GUIDELINE

PNEUMATIC ANTI-SHOCK GARMENT

Not Required Equipment

Reasonable certainty of On-Line Medical Direction required for use.

INDICATIONS:

- For physician selected shock patients with inadequate tissue perfusion and systolic blood pressure less than 100 mmHg
- For immobilization of suspected fracture of pelvis or lower leg(s)
- Hemorrhage in areas of the legs

POTENTIAL ADVERSE EFFECTS:

 If application causes pulmonary edema, a decrease in BP or increased breathing difficulty, contact medical control immediately for orders to deflate.

CONTRAINDICATIONS:

- Abnormal lung sounds present, indicating fluid in the lungs.
- Substantial open or closed chest injury or uncontrolled bleeding above the PASG.
- Third trimester pregnancy (Extremity compartments may be used, but not pelvic compartment.)
- Impaled object in site to be covered by PASG.
- Do not use in children under the age of 8.

SPECIAL CONSIDERATIONS:

- Pre-hospital deflation may be ordered by On-Line Medical Control in extreme circumstances such as diaphramatic herniation. Deflation should be preceded by assessment of patient vitals and be done slowly, with the expected consequence of decreased BP.
- Do not use as an adjunct to CPR, or if the following conditions are present; diaphragmatic rupture, penetrating chest injury, lower leg fractures only, abdominal evisceration, acute myocardial infarction, cardiac tamponade or cardiogenic shock.

PRECAUTIONS:

- Use Pediatric Guideline for children under the age of 8.
- 1. Assess the patient, treat ABC problems, obtain baseline vitals and consider transport plan based on general impression.
- 2. Remove all clothing before applying the PASG.
- 3. Assess and record the patient's condition beneath the area to be covered by the PASG. Apply trauma dressing to any soft tissue injury.
- 4. Place or log roll patient on the PASG, assuring correct position.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.

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- 5. Fasten Velcro closures to legs and abdominal section.
- 6. Attach appropriate pump and gauges.
- 7. Proceed as follows for either shock, fracture immobilization or hemorrhage:

sноск	FRACTURE IMMOBILIZATION	HEMORRHAGE
 Contact on-line medical control and proceed only if directed to by on-line medical control. Inflate both leg segments until blood pressure reaches 100 mmHg systolic or the Velcro begins to crackle. Recheck vital signs including listening to lung fields for fluid noise. If blood pressure is below 100 mmHg systolic and lung sounds are clear, continue. Inflate abdominal section until blood pressure reaches 100 mmHg systolic or the Velcro begins to crackle. Reassess the patient's condition. Rapid transport. 	 When used for a suspected lower extremity fracture or a suspected isolated femur fracture, inflate only the segment for the affected leg. (Use traction splint for femur fractures when available.) When used as a pelvic fracture splint, inflate both legs first, then the abdominal section. Inflate only until sufficient immobilization is achieved. Recheck vital signs including listening to lung fields for fluid noise. Reassess the patient's condition. Rapid transport. 	 For use on legs only. Apply and secure trauma dressing over the wound. Inflate PASG to affected leg, inflating the pressure to compress affected area and slow bleeding. Recheck vital signs including listening to lung fields for fluid noise. Reassess the patient's condition. Rapid transport.

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